Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ESAFund	
	C C00489856
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Del Cielo Media, LLC	07 28 2016
Mailing Address 1427 Leslie Avenue	Amount
Suite 102	
City State Zip Code Alexandria VA 22301	14975.50 Transaction ID : SE.6778
	Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 01
Roger W. Marshall Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
Full Name of Payee Del Cielo Media, LLC	Date of Public Distribution/Dissemination
Mailing Address 1427 Leslie Avenue	07 29 2016
Suite 102	Amount
City State Zip Code	14975.50
Alexandria VA 22301	Transaction ID : SE.6779 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Foderal Condidate	
Timothy A. Huelskamp Support Office Oppose	e Sought: House District: 01 Resident Canada State KS
D. I.	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 0.00 Disput	
(a) SUBTOTAL of Itemized Independent Expenditures	29951.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • •
Buto	M / D D / Y J Y J Y J Y J Y J Y J Y J Y J Y J Y
Signature	

Schedule E)	PAGE 2 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ESAFund	C C00489856
Check if X 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Del Cielo Media, LLC	07 28 2016
Mailing Address 1427 Leslie Avenue	Amount
Suite 102	
City State Zip Code Alexandria VA 22301	-69934.88
	Transaction ID : SE.6783 Date of Disbursement or Obligation
Purpose of Expenditure media placement-change in ad Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offi	ce Sought: X House District:01
Timothy A. Huelskamp Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Del Cielo Media, LLC	07 28 2016
Mailing Address 1427 Leslie Avenue	Amount
Suite 102	Amount
City State Zip Code	69934.88
Alexandria VA 22301	Transaction ID : SE.6784 Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offi	ice Sought: House District: 01
Roger W. Marshall Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Dis 20	bursement For:
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically Filed] Date	07
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI ENDI	TOTILO		PAGE 3 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ESAFund				C C00489856
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee McCarthy Hennings Media, Inc.			М	f Public Distribution/Dissemination
Mailing Address 1850 M Street, N.W., #235			Amour	07 28 2016 ut
City	State	Zip Code		2165.40
Washington	DC	20004		action ID : SE.6758 f Disbursement or Obligation
Purpose of Expenditure advertising		Category/ Type	M	M / D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: X House District: 01
Roger W. Marshall		Oppose	Preside	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement 2016 Ot	For:
Full Name of Payee McCarthy Hennings Media, Inc. Mailing Address 1850 M Street, N.W., #235			Date of Management of Manageme	07 28 2016
City	State	Zip Code		2165.40
	DC	20004		ction ID : SE.6759 If Disbursement or Obligation
Purpose of Expenditure advertising		Category/ Type	M	M / D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: X House District: 01
Timothy A. Huelskamp		X Oppose	Preside	□ K6
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement 2016 Of	For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	4330.80
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	171171171
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Nancy H. Watkins	[Electroni	ically Filed] Date	e 07	29 2016
Signature				

Schedule E)	INT EXICINE	JII OI LE		PAGE 4 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
ESAFund			C	C00489856
Check if 24-hour report 48-hour report	X New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pul	olic Distribution/Dissemination
McCarthy Hennings Media, Inc.			07	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1850 M Street, N.W., #235			Amount	
City	State	Zip Code		987.52
Washington	DC	20004		n ID: SE.6762 Bursement or Obligation
Purpose of Expenditure media production		Category/ Type		/ D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	X House District: 01
Roger W. Marshall		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: 2016 Other (Primary General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
McCarthy Hennings Media, Inc.			07	28 2016
Mailing Address 1850 M Street, N.W., #235			Amount	
City	State	Zip Code		987.52
Washington	DC	20004		ID: SE.6763 Sursement or Obligation
Purpose of Expenditure media production		Category/ Type	M = M	/ D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 01
Timothy A. Huelskamp		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For 2016 Other	: X Primary General (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures			1975.04
				7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 1 7 1
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorize			
Nancy H. Watkins Signature	[Electro	nically Filed] Date	9 07 29	
Signature				

Schedule E)	EXI ENDI	TOTILO		PAGE 5 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ESAFund				C C00489856
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		A = M / D = D / Y = Y = Y = Y
Full Name of Payee RedPrint Strategy				of Public Distribution/Dissemination
Mailing Address P. O. Box 710993			Amou	07 28 2016
			Amoc	ant.
1 ′		Zip Code	L.	6350.00
Herndon	VA	20171		saction ID: SE.6730 of Disbursement or Obligation
Purpose of Expenditure media production		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Sough	nt: X House District: 01
Roger W. Marshall		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemer 2016	nt For: X Primary General Other (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
RedPrint Strategy				07 28 2016
Mailing Address P. O. Box 710993			Amou	
City	itate	Zip Code	— I	6350.00
Herndon	VA	20171		action ID : SE.6732 of Disbursement or Obligation
Purpose of Expenditure media production		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Sough	ht: X House District: 01
Timothy A. Huelskamp		X Oppose	Presid	☐ KS
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures			.	12700.00
(b) SUBTOTAL of Unitemized Independent Expenditure	s		· •	7 1 7 1 4
(c) TOTAL Independent Expenditures			.	171171171
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Nancy H. Watkins Signature	[Electroni	ically Filed] Date	07 /	29 / 2016
- · g · ·				

Schedule E)	IN EXILIN	ON ONES	PAGE 6 OF 8 FOR SE OF FORM 24/4	8
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R▼
ESAFund			C C00489856	
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	Y
Full Name of Payee RedPrint Strategy			Date of Public Distribution/Dissemination	
Mailing Address P. O. Box 710993			07 28 2016 Amount	_
City	State	Zip Code	1250.00	
Herndon	VA	20171	1250.00 Transaction ID : SE.6766 Date of Disbursement or Obligation	_
Purpose of Expenditure telephone calls		Category/ Type	Man / Dad / Yayay	Y
Name of Federal Candidate		Support	Office Sought: House District: 0)1
Roger W. Marshall		Oppose	President Senate State: K	S
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: ☐ Primary ☐ Gen 2016 ☐ Other (specify) ▶	eral
Full Name of Payee RedPrint Strategy			Date of Public Distribution/Dissemination	-
Mailing Address P. O. Box 710993			Amount	
City	State	Zip Code	1250.00	
Herndon	VA	20171	Transaction ID : SE.6767 Date of Disbursement or Obligation	
Purpose of Expenditure telephone calls		Category/ Type	M = M / D = D / Y = Y = Y	Y
Name of Federal Candidate		Support	Office Sought: House District:	01
Timothy A. Huelskamp		Oppose	President Senate State: K	S
Calendar Year-To-Date Per Election for Office Sought	-,,	0.00	Disbursement For:	neral
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 2500.00	
(b) SUBTOTAL of Unitemized Independent Expe	nditures			\exists
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorize			
Nancy H. Watkins Signature	[Electro	onically Filed] Date	9 07 29 7 2016	
-				

Schedule E)	EXI END	TOTILO		PAGE 7 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ESAFund				C C00489856
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Right Country Lists			Date	of Public Distribution/Dissemination
Mailing Address 117 N. Saint Asaph Street			[07 28 2016
117 N. Saint Asaph Street			Amo	unt
City	State	Zip Code		2175.00
Alexandria	VA	22314		saction ID : SE.6796 of Disbursement or Obligation
Purpose of Expenditure voter contact-emails		Category/ Type		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate		Support	Office Soug	ht: X House District: 01
Roger W. Marshall		Oppose	Presid	dent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburseme	ent For:
Full Name of Payee			Date	e of Public Distribution/Dissemination
Right Country Lists				07 28 2016
Mailing Address 117 N. Saint Asaph Street			Amo	punt
City	State	Zip Code	-	2175.00
Alexandria	VA	22314		saction ID : SE.6797 e of Disbursement or Obligation
Purpose of Expenditure voter contact-emails		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Soug	ght: X House District: 01
Timothy A. Huelskamp		X Oppose	Presi	□ Kς
Calendar Year-To-Date Per Election for Office Sought	, , ,	0.00	Disburseme 2016	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			. [4350.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		, <u> </u>	
(c) TOTAL Independent Expenditures				
				4 4
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its again.	or authorized			
Nancy H. Watkins Signature	[Electron	ically Filed] Date	07	29 / 2016
oignature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ESAFund	C C00489856
Check if 24-hour report 48-hour report New report	Amends report filed on
Full Name of Payee SPL Strategies, LLC	Date of Public Distribution/Dissemination
	07 28 2016
Mailing Address 107 S. West Street, #461	Amount
City State Zip	Code 489.59
Alexandra VA 223	Transaction ID : SE.6744 Date of Disbursement or Obligation
Purpose of Expenditure advertising	ategory/ Type M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 01
Roger W. Marshall	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbursement For: ☐ Primary ☐ General Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
SPL Strategies, LLC	07 28 2016
Mailing Address 107 S. West Street, #461	Amount
City State Zip	Code 489.59
Alexandra VA 22	Transaction ID : SE.6745 Date of Disbursement or Obligation
Purpose of Expenditure advertising	ategory/ Type
Name of Federal Candidate	Support Office Sought: X House District: 01
Timothy A. Huelskamp	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbursement For: ☐ Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	979.18
(b) SUBTOTAL of Unitemized Independent Expenditures	······
(c) TOTAL Independent Expenditures	56786.02
Under penalty of perjury I certify that the independent expenditures reposition, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.	·
Nancy H. Watkins [Electronically Signature	y Filed] Date 07 29 2016
Signature	